

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07288

166

1. PLACE OF DEATH:

County GarrettCity or town McHenry, Maryland.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life time.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Dorla Alice Bowman.

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married.6. (b) Name of husband or wife Hubert M. Bowman.7. Birth date of deceased (mo., day, yr.) February 22d, 18986. (c) If alive, give age 49 years8. AGE: Years 50 Months 5 Days 6 If less than one day hrs. min.9. Birthplace McHenry, Md.
(Town, county, and state)10. Usual occupation House wife

11. Industry or business

12. Name George S. Giotfelty.13. Birthplace McHenry, Md.14. Maiden name Hattie Lowdermilk.15. Birthplace Sang Run, Md.16. Informant Hubert M. Bowman.Address McHenry, Md.17. Burial August 3d/48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Flat Woods Cemetery.Location Near McHenry, Md.18. Funeral director Emory D. BoldenAddress 813 Oakland St. Md.19. 48 Julia C. Rowen

(Date recd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town McHenry, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH July 31st, 48 at 6:00 M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 27 1947 to July 31 1948 and that I last saw him alive on 31 July 1948Immediate cause of death Cerebral Hemorrhage

DURATION

Due to Hypertensive Heart Disease - 8 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. S. Phares M. D. or otherAddress Oakland St Date signed 2 Aug 48

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AUG 12 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07289
166

1. PLACE OF DEATH:

County Garrett
City or town Gorman, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 Hours.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Dr. Daniel Delos Comstock.

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married.
6. (b) Name of husband Belle Wood Comstock.
7. Birth date of deceased (mo., day, yr.) April 29th, 1880. 8. (c) If alive, give age 67 years
8. AGE: Years 68 Months 3 Days 1 If less than one day _____ hrs. _____ min.

9. Birthplace Nauvoo, Penn.
(Town, county, and state)

10. Usual occupation Physician.

11. Industry or business

12. Name Albert Comstock,
13. Birthplace Penn.
14. Maiden name Ellen Mary Emmick.
15. Birthplace Penn.

16. Informant Dr. Delos Comstock,

Address Los Angeles, California.

burial Date thereof Aug. 7/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Forrest Lawn Memorial.

Location Glendale, California.

18. Funeral director Emory D. Bolden

Address Ableside, Maryland.

19. 8/7/48 Julia M. Lowan
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State California County Los Angeles

City or town _____
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2. (c) If veteran, name war.

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30 1948 at 1:50 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Immediately after death 19____
and that I last saw him _____ alive on _____ 19____

Immediate cause of death

Coronary Occlusion

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE

Dr. Daniel Delos Comstock Dr. Delos Comstock
Address _____ Date signed 7/31/48

RECEIVED

RECEIVED

*for filing only no copy left
original furnished to your Bureau
in letter to me*

RECEIVED

AUG 12 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07290
166

1. PLACE OF DEATH:

County Garrett

City or town Oakland, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Benjamin Franklin Croston.

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married.

6. (b) Name of husband or wife June Bolard Croston

7. Birth date of deceased (mo., day, yr.) March 29th, 1926.

8. AGE: Years 21 Months 3 Days 19 If less than one day
.....hrs.min.

9. Birthplace Newburg W. Va.
(Town, county, and state)

10. Usual occupation Presser

11. Industry or business

12. Name William J. Croston.

13. Birthplace Oakland, Maryland.

14. Maiden name Pauline V. Gordon.

15. Birthplace Austin, W. Va.

16. Informant Wm. J. Croston.

Address Newburg, W. Va., Rt. #2

17. Burial July 20th/48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Shay Cemetery.

Location Near Newburg, W. Va.

18. Funeral director Emroy D. Bolden.

Address Oakland, Md.

19. July 20, 48
(Date rec'd by registrar)

Local Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland. County Garrett

City or town Oakland, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war World War #2.

3. (b) Social Security Number

234-36-9836

MEDICAL CERTIFICATION

P.M.

20. DATE OF DEATH July 17th, 19 48, at 12:00 M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Examined after death 19.....

and that I last saw h..... alive on..... 19.....

Immediate cause of death

Fracture of Cervical Vertebra

Rt. & Left Femur

Due to Left tibia & fibula (Compound)

3 back

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7/17/48

Where did injury occur? Near Oakland Garrett Md
(City or town) (County) (State)

Injured at home, farm, industry, pub'l'c place (where?) U.S. Road 219

Means of injury Collision return Injured at work? no.

major car & auto.

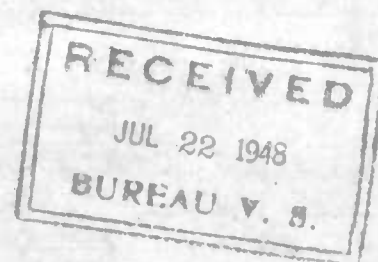
23. SIGNATURE E. J. Bumpkin M.D. Examined

Address Oakland Md Date signed 7/18/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 167

1. PLACE OF DEATH

County GARRETTCity or town Kempton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 week

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State D.C. CountyCity or town Washington

(If outside city or town limits, write RURAL and give nearest town)

Street No. 319 7th St. N.E.

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

PAUL FRANKLYN DEAN

3. (b) Social Security Number

219-01-0482

4. Sex

MALE

5. Color or race

WHITE

6. (a) Single, married, widowed, or divorced

MARRIED6. (b) Name of husband or wife LEAH MYERS DEAN6. (c) If alive, give age ? years

7. Birth date of

deceased (mo., day, yr.)

MAR. 15 1906

8. AGE:

Years

Months

Days

If less than one day

42411

hrs.

min.

9. Birthplace

Cumberland Alleghty Co. Md.

(Town, county, and state)

10. Usual occupation

MAINTENANCE MAN

11. Industry or business

Office Bldg.

FATHER

12. Name

Joseph DEAN

13. Birthplace

Pendleton Co. W. VA.

MOTHER

14. Maiden name

Mae SEYMOUR

15. Birthplace

HARDY Co. W. VA.

16. Informant

Joseph W. Dean

Address

1661 Trinidad Ave. N.E. Wash

17. Burial

(Burial, cremation, or removal, Which?)

Date thereof

July 28 1948

(month) (day) (year)

Cemetery or crematory

Bayard Cent.

Location

BAYARD, W. VA.

18. Funeral director

Thomas, M. A.

Address

Thomas, M. A.

19.

(Date rec'd by Registrar)

1948

Elmer C. Shaffer

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH JULY 26 1948 at 3:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

JULY 21 1948, to JULY 26 1948and that I last saw him alive on JULY 26, 1948 1948

Immediate cause of death

ACUTE HEART FAILURE

DURATION

1 DAY

Due to

RHEUMATIC VALVULAR20 YRS.

Due to

HEART DISEASE

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Ferdinand M. Viscuse, M.D.

M. D. or other

Address

DAVIS, W. VA.Date signed JULY 29, 1948

RECEIVED

AUG 3 1948

BUREAU V. N.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 072981

1. PLACE OF DEATH:

County Basnett
City or town Friendsville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 7 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
Co. Garrett STATE Md.
City or town Friendsville
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2. (a) If veteran name war.

3. (a) FULL NAME

Hamilton Francis Friend

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Vespie Friend
7. Birth date of deceased (mo., day, yr.) March 2, 1867 6. (c) If alive, give age 79 years
8. AGE: Years 81 Months 4 Days 18 It less than one day hrs. min.

9. Birthplace Elder Hill Basnett Comd
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Friendsville
13. Birthplace Friendsville
14. Maiden name Julia Casteel
15. Birthplace Friendsville

16. Informant Mrs Martha Glatfelter
Address R.O. Recident, Md.

17. Burial Date thereof 7-22-1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Woyes
Location Woyes and

18. Funeral director Wm Wintersburg
Address Granville Md

19. July 22 19 48 Kathryn Fike
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July - 20 - 1948, at 50A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July - 15 - 1948 to July - 20 - 1948 and that I last saw him alive on July - 19 - 1948

Immediate cause of death Uremia DURATION ?

Due to Arterio Sclerosis ?
Rheumatic Arthritis ?

Due to Acute Nephritis ?

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H.B. Messmore M.D.
M. D. or other

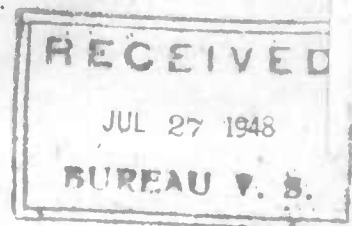
Address Addison Rd Date signed July 20-48

MARGIN RESERVED FOR BINDING

1

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. 1. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.



...Date signed.....11/1/48.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

11
RECEIVED
Before I can accept some
change to present relation good income
and data. Will appreciate your co operation

RECEIVED

JUL 22 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County **Garrett**
 City or town **Hutton - Rural**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? **28 yrs.**
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State **Maryland** County **Garrett**
 City or town **Rural - Hutton**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. **1 Mi. East of Hutton**
 (If rural, give LOCATION)

 2.(a) If veteran, name war -----

3. (a) FULL NAME

Victoria Jane Moon Hardesty

3. (b) Social Security Number

4. Sex **Female** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Divorced**
 8.(b) Name of husband or wife **Arthur O. Hardesty**
 7. Birth date of deceased (mo., day, yr.) **August 18, 1876** 6.(c) If alive, give age _____ years
 8. AGE: Years **71** Months **11** Days **11** If less than one day _____ hrs. _____ min.

9. Birthplace **Garrett Co., Md.**
 (Town, county, and state)
 10. Usual occupation **House Wife**
 11. Industry or business _____

FATHER **Garrett V. Moon**
 12. Name _____
 13. Birthplace **Monongahela Co., W. Va.**
 MOTHER **Jane Wilson**
 14. Maiden name _____
 15. Birthplace **Garrett Co., Md.**

16. Informant **Sanford Moon**
Hutton, Md.
 Address _____

17. **Burial** Date thereof **July 31, 1948**
 (Burial, cremation, or removal. Which?) (month) (day) (year)
Thos. Moon Cemetery
 Cemetery or crematory _____
5 Mi. S. Deer Park, Md.
 Location _____

18. Funeral director **Herbert C. Leighton**
Oakland, Md.
 Address _____

19. **July 31** 19 **48** **Julius J. Rowan**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH **July 28,** **48** at **5:45 P.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **July 9** 19 **48** to **July 28** 19 **48**
 and that I last saw him alive on **July 26** 19 **48**

Immediate cause of death **Carcinomatous**
Primary site: Uterine Cervix

Due to _____ DURATION _____
 Due to _____
 Other conditions _____
 (Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE **E. J. Smiley M.D.** M. D. or other _____
Oakland Md Address _____ Date signed **7/30/48**

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AUG. 12 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 172

1. PLACE OF DEATH

County GarrettCity or town Rural- Kitzmiller

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 48Yrs.

Hospital, institution, or street address where death occurred:

Peerless

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Rural- Kitzmiller

(If outside city or town limits, write RURAL and give nearest town)

Street No. Peerless

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

William Wesley Harvey

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 27 1948 at 10:10 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1945 to July 27 1948and that I last saw him alive on July 27 1948

Immediate cause of death

Coronary Arteriosclerosis
Renal Disease

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Ralph Calandella M.D. M. D. or otherAddress Kitzmiller Md Date signed July 27 19486. (b) Name of husband or wife Birtie Blanche (Wilson) Harvey6. (c) If alive, give age 74 years7. Birth date of deceased (mo., day, yr.) July 30, 1867

8. AGE:

Years 80Months 11Days 27

If less than one day

hrs. min.

9. Birthplace Near Swanton, Garrett Co., Md.

(Town, county, and state)

10. Usual occupation FarmerOwn Farm

11. Industry or business

FATHER Lewis Francis Harvey12. Name Near Swanton, Garrett Co., Md.13. Birthplace Melissa Harvey

MOTHER 14. Maiden name

Garrett Co., Md.15. Birthplace Mrs. Birtie Harvey16. Informant Kitzmiller, Md.

Address

17. Burial July 30, 1948

(Burial, cremation, or removal. Which?)

Date thereof (month) (day) (year)

Cemetery or crematory I.O.O.F. CemeteryElk Garden, W.Va.Location Otha F. Sharpless18. Funeral director Blaine, W.Va.

Address

19. 7/28 1948 Registrar AWBarrack

(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

NOV 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07295

167

1. PLACE OF DEATH:

County GarrettCity or town Gorman
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 Week

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Kitzmiller
(If outside city or town limits, write RURAL and give nearest town)Street No. W. Main Street

(If rural, give LOCATION)

2.(n) If veteran, name war

3. (a) FULL NAME

Prudence Jane Nogle

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6.(n) Single, married, widowed, or divorced

Widowed6.(b) Name of husband or wife William Turner Nogle7. Birth date of deceased (mo., day, yr.) Dec. 5, 1864

6.(c) If alive, give age..... years

8. AGE: Years 83 Months 7 Days 5 It less than one day
.....hrs.min.9. Birthplace Cherry Run, Morgan Co., W.Va.
(Town, county, and state)10. Usual occupation Housework11. Industry or business Own Home12. Name Hiram S. Rohe13. Birthplace Unknown14. Maiden name Mary Elizabeth Butts15. Birthplace Cherry Run, Morgan Co., W.Va.16. Informant Mrs. Rose Jones.Address Davis, W.Va.17. Burial Date thereof July 6, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill CemeteryLocation Thomas, W.Va. Elk Garden mineral Co. W.V.18. Funeral director Otha F. SharplessAddress Blaine, W.Va.19. 7/14/48 Elmer C. Shaffer
(Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 48 6:45A. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

July 3 1948 to July 10 1948
and that I last saw her alive on July 7 1948Immediate cause of death Arteriosclerotic Coronary occlusion

DURATION

7 daysDue to Arteriosclerosis 10 yrs.Due to Smoking 10 yrs.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harold C. Miller, Jr., D.

M. D. or other

Address Eglington, W.Va. Date signed 7/12/48

RECEIVED

JUL 16 1948

BUREAU V. S.

Blaine, W. V.
7-11-48

Dear Mr. Shaffer-

I am having a death Certificate forwarded to you from Dr. Miller at Eglon. It is for Mrs. Prudence J. Nogle who died Sat. at Hornaw, Md. The family has changed funeral arrangements since I mailed the Certificate, Change burial to I. O. O. F. Cemetery, Elk Garden, Mineral Co., W. V. instead of the one on the Certificate.

Sincerely,

O. F. Sharpless

THIS SIDE OF CARD IS FOR ADDRESS



Mr. Elmer C. Shaffer, Registrar
Reg. Dist No 167
R#2,
Oakland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 07296/62

1. PLACE OF DEATH:

County Garett
City or town Rural Near Grantsville Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? II Years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md County Garett
City or town Rural Near Grantsville Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. (If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Margiret Julian Opel

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife John Opel
6.(c) If alive, give age 66 years
7. Birth date of deceased (mo., day, yr.) Febuary 16-1881
8. AGE: Years 67 Months 4 Days 19 It less than one day
.....hrs.min.

9. Birthplace Lonaconing Aleygany Co- Md
(Town, county, and state)

10. Usual occupation House Work

11. Industry or business

FATHER 12. Name Henry Zsener
13. Birthplace Germany
MOTHER 14. Maiden name Marthy Richter
15. Birthplace Germany

16. Informant John Opel
Address R.D. Accident Md

17. Burial Date thereof 7-10-1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Cove
Location R.D. Accident Md

18. Funeral director Wm Winterburg
Address Grantsville Md

19. Date rec'd by registrar July 9 48 Ethel Broadwater Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1948 at 9:45 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 29 1948 to July 7 1948
and that I last saw her alive on July 6 1948

Immediate cause of death Chronic myocarditis
DURATION 1 year

Due to
Due to

Other conditions Diabetes mellitus 5 years
chronic Nephritis 50 years
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

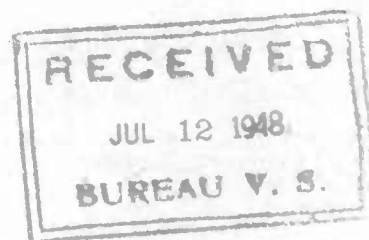
23. SIGNATURES Mildon Jeffer, MD M.D. or other
Address Friendsville, Md Date signed July 9, 1948

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07297

166

1. PLACE OF DEATH:

County GarrettCity or town Deer Park, Maryland.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life time.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mrs. Mary Myrtle Sollars.4. Sex Female 5. Color or race White B. (a) Single, married, widowed, or divorcedMarried.6. (b) Name of husband or wife Dr. E. E. Sollars.7. Birth date of deceased (mo., day, yr.) January 18th, 1891. 6. (c) If alive, give age 63 years8. AGE: Years 57 Months 6 Days 6 If less than one day
..... hrs. min.9. Birthplace Deer Park, Maryland.
(Town, county, and state)10. Usual occupation House wife

11. Industry or business

12. Name Alexander C. George.13. Birthplace Barton, Md.14. Maiden name Minnie M. Hott.15. Birthplace Petersburg, W. Va.16. Informant Dr. E. E. Sollars.Address Deer Park, Md.17. Burial Deer Park Cemetery. Date thereof July 27th/48
(Burial, cremation, or removal, Which?) (month) (day) (year)Cemetery or crematory Deer Park, Maryland.Location Deer Park, Maryland.18. Funeral director Emory D. Bolden.Address Deer Park, Md.19. July 27 19 48 Julia Rowan
(Date rec'd by registrar) Local Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County GarrettCity or town Deer Park, Maryland.
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION P.M.

20. DATE OF DEATH July 24th, 19 48 at 2:00 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased onJune 27 19 48 to June 27 19 48and that I last saw him alive on June 27 19 48Immediate cause of death pulmonary edema
and pleural effusion

DURATION

1 weekDue to filling of lung tissue by 1 yearmetastasis of carcinomaDue to of both breasts 5 yearsOther condition Hemiplegia - cerebral 5 weeksembolism originating in lungs
(Include pregnancy within 3 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

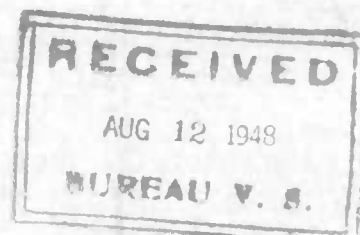
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) 3

Means of injury Injured at work?

23. SIGNATURE Harold C. Miller, M.D. M. D. or otherAddress Egton, W. Va. Date signed 7/29/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

07298
166

1. PLACE OF DEATH:

County Sorrell
 City or town 177 Lake md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 12 hrs.
 Hospital, institution, or street address where death occurred:
Reaper Nursing Home
 How long in hospital or institution? 7

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State W. Va. County Preston
 City or town Lura Alta
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war. ✓

3. (a) FULL NAME

Margaret Elizabeth Syppalt

3. (b) Social Security Number

4. Sex Female 5. Color or race white 6.(a) Single, married, widowed, or divorced widowed
 6.(b) Name of husband or wife Christy Lee J. Syppalt
 7. Birth date of deceased (mo., day, yr.) June 7, 1861 6.(c) If alive, give age years

8. AGE: Years 87 Months 1 Days 20 If less than one day hrs. min.

9. Birthplace Lura Alta, Preston Co., W. Va.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Alfred Garner

13. Birthplace Preston Co., W. Va.

14. Maiden name Mary Smith

15. Birthplace Preston Co., W. Va.

16. Informant Mrs. C. E. Hanton

Address Rawlesburg, W. Va.

17. Burial Date thereof July 30, 48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lura Alta

Location Lura Alta, W. Va.

18. Funeral director A. F. Callum

Address Lura Alta, W. Va.

19. July 30, 48 19. 48 Julia Rowan

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27, 48 at 10:5A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from admission after death 19.....

and that I last saw him alive on 19.....

Immediate cause of death Chronic myocarditis DURATION 107 yrs.

Due to Arteriosclerosis

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. J. Samson M. D. or other Med. Examiner

Address Oakland, Mo. Date signed 7/27/48

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AUG 12 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07299

93d

Reg. Dist. No. 162

1. PLACE OF DEATH:

County Garrett
City or town Rural - Cove, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 60 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Garrett
City or town Rural Cove, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME

Henrietta C. Weber

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife John I. Weber 6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 22, 1864

8. AGE: Years 84 Months 1 Days 13 If less than one day
Garrett Co.

9. Birthplace Accident, Maryland
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business None

12. Name Henry J. Kolb
13. Birthplace Germany

14. Maiden name Anna Elizabeth Dinele
15. Birthplace Germany

16. Informant Roy Harmon
Address Cove, Maryland

17. Burial Date thereof July 8 - 48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Germany Lutheran
Location Cove, Maryland

18. Funeral director Wm. Wintenberg
Address Grantsville, Md.

19. July 8 48 Ethel Broadwater
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 6, 1948 at 10:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1st 1948 to July 6 1948
and that I last saw him/her alive on July 1st 1948

Immediate cause of death Chronic myocarditis DURATION 1 year

Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Malcolm Jaffer, M.D. M. D. or other
Address Friendsville, Md. Date signed July 7, 1948

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Handwritten signature
451

RECEIVED
JUL 10 1948
BUREAU V. S.